

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12878

State File No. ....

FILED MAR 20 1953

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>720</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Creve Coeur</u> c. LENGTH OF STAY (in this place) <u>3 mths.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olive Street Road Rural</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u> <u>4730</u> d. STREET ADDRESS (If rural, give location) <u>Olive Street Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u> b. (Middle) <u>Carol</u> c. (Last) <u>Thompson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3, 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 27, 1949</u>	
9. AGE (In years last birthday) <u>3</u>		10. MONTHS <u>3</u>		11. DAYS <u>4</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>nil - child</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>			
11. BIRTHPLACE (State or foreign country) <u>Richmond Heights, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Oral Thompson</u>				13b. MOTHER'S MAIDEN NAME <u>Dorothy Foster</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Oral Thompson Creve Coeur, Mo. R#2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Tumor of Kidney</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis to lung</u> DUE TO (c) <u>line, bladder &amp; prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>80X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>			
19a. DATE OF OPERATION <u>9-1-1951</u>				19b. MAJOR FINDINGS OF OPERATION <u>Malignant Tumor Left Kidney</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>8-15</u> , 19 <u>51</u> , to <u>3-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>53</u> , and that death occurred at <u>7:35A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Giff - Dr.</u>				23b. ADDRESS <u>1827 E. Union</u>			
23c. DATE SIGNED <u>3-8-53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>3-5-1953</u>				24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara Ann Bros. Inc.</u>			
25a. ADDRESS <u>2504 Woodson Rd. Overland, Mo.</u>				25b. DATE <u>3-5-53</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Durand, 14, 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above..